| 2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES   | State of Nevada                                     |
|--|---|
| Name (print)  Name (print)  Office (if applicable)  And  | District (if applicable)  / 733-6238  Telephone No. |
| E-Mail Address   |   |
| Select Appropriate Box(es) CANDIDATE PAC BAG POL PR  | TY □INDEXP □AMENDED                                 |
| Report #1 — Due August 27, 2002  Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002  Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002  BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002 | AUG 2 6 2002  |
| Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002   | Secretary of State                                  |
| Report #3 Due — January 15, 2003  Period: Oct. 25, 2002 — Jan. 3, 2003  BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002  BALANCE   | FOR OFFICE USE ONLY                                 |
| This figure should reflect the balance shown on your last Disposition of<br>Unspent Contributions Report, or last Contributions & Expenses Report, if an   | y <u>N/A</u>  |
| CONTRIBUTIONS SUMMARY  "Contribution" means a gift, loan, conveyance, deposit, payment, trans of money or anything of value other than the services of a volunteer receiv  | fer or distribution<br>ed. (NRS 2044 007)           |
| Total amount of monetary contributions in excess of \$100  | O   |
| 2. Total amount of monetary contributions of \$100 or less   | 0   |
| Actual number of monetary contributions of \$100 or less   |   |
| 3. Interest and income earned on contributions, if any   | _<br>   |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3   | )   |
| 5. Total amount of In Kind Contributions   | 0   |
| EXPENSES SUMMARY   |   |
| 6. Total amount of monetary expenses in excess of \$100  | Ö   |
| 7. Total amount of monetary expenses of \$100 or less  |   |
| 8. Expense for filing fee  |   |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)   |   |
| Remaining Balance (Subtract line 9 from 4)   | <del></del>   |
| 10. Total amount of In Kind Expenses   |   |
| AFFIRMATION declare under penalty of perjury that the foregoing is true and correct.   |   |
| ignature — — — — — — — — — — — — — — — — — — —   | Date Executed On                                    |

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